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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | | | Application Number 10/542257 | | Filing Date | | <input type="checkbox"/> To be Mailed | | | |
|--|----------|--------|-----------------------|--------|---------------------|--|-----------------|-------------|--------|---------------------------------------|--------|-------|--------|
| | | | | | | Applicant(s) ARMSTRONG ET AL. | | Page 1 of 1 | | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | | | | |
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